

THE NATIONAL FUNERAL RECORD

Date of Call OCT 31 1964

Burial Permit No. _____

Old Age Assistance No. _____

Total No. 2842Yearly No. 117Monthly No. 8

3. (a) (Full Name of Deceased)

MARIA REFUGIA VILLA SMITH

1. PLACE OF DEATH

(a) County SANTA BARBARA(b) City, town, rural SANTA BARBARA(c) Name of hospital, institution or location ST FRANCIS HOSPITAL

(d) Length of stay _____

In this community 50 Hospital or institution 50

(e) If foreign born, how long in U.S.A.? _____

2. USUAL RESIDENCE OF DECEASED

(a) State CALIFORNIA (b) County SANTA BARBARA(c) City, town SANTA BARBARA(d) Street and number 630 AVENUE

3. IF VETERAN, NAME WAR

(b) NO Social Security No. 548-44-38467

Date enlisted _____ Serial No. _____

Date discharged _____ Pension No. _____

Organization _____

Rank _____ 6 (a) Single _____ Married _____

4. Sex FEMALE 5. Color or race CAUCASIAN

6. (b) Name of spouse _____ If alive, age _____

Place of marriage _____ Date _____

(20) DATE OF DEATH 11:55 AM 1964 OCT 317. Date of birth 1905 OCT 23

8. If less than one day: _____

Hrs. _____ Min. _____ Years _____ Months _____ Days _____

9. BIRTHPLACE TUCSON ARIZONA

City-town _____ County _____ State or Country _____

10. Usual occupation HOUSEWIFE How long _____11. Business or employer AT HOME Worked _____12. Father's name JUAN VILLA When last _____13. Father's birthplace ARIZONA Worked _____14. Mother's maiden name UNKNOWN15. Mother's birthplace UNKNOWN16. Informant MR. EDWARD K. SMITH (SON)Address 1033 N. PALM ST.18. Embalmer's signature HARRIS M. DUNN License No. 546

CAUSE OF DEATH _____

Autopsy—Yes (No) Doctor Dr. FLEMING

Address _____ Phone _____

Body received from _____ Town _____ State _____

Funeral director _____

Escort _____

Body forwarded to _____ Town _____ State _____

Funeral director _____

Escort _____

Cemetery LOTGrave No. 5 Section A-2 Row No. 46 Range No. _____

RELATIVES

S.S. FORM MAILED NOV 2/64 - C-731ESTATE CLAIM FILED NOV. 13/64J.E. DELWICHESuite 256 - 1114 State St.SANTA BARBARADate of funeral NOVEMBER 3-1964Rosary at ST. FRANCIS CHAPEL Time 7:30 P.M.Services at CURLEIGH CHAPEL Time 10:30 A.M.Cemetery or Crematory CALVARY CEMETARYBurial X Cremation _____ Mausoleum _____ Removal _____Address 194 MOPE ST. SANTA BARBARA

Police Escort: Yes _____ No _____ Number expected in family room _____

Clergyman or Reader _____ Phone _____

Church _____

Singers _____

Songs _____

Organist _____

CHURCH AND FRATERNAL ORDERS

CASKET BEARERS

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Style and size of casket H.C. SOLID OAKManufacturer BOYERTON CASKET CO.

UNIT SALE (\$) _____

Vault—Box _____ Liner _____ Urn _____

Preparation of Body _____

Cemetery, crematory or mausoleum _____

Clothing, cleaning or pressing _____

Telephone and telegraph (Family) _____

Professional services _____

Use of chapel _____

Funeral coach _____

Extra cars, drivers, police escort _____

RR. tickets, Ry. exp., spec. trip _____

Newspaper funeral notices _____

Death certificates _____

Clergyman or reader _____

Singers \$ _____ Organist \$ _____

Floral pieces _____

Totals _____

SALES TAX (_____ %) _____

"CHARGE TO" CLIENT RESPONSIBLE _____

J.E. DELWICHE - ALTERNATE _____

Street 1114 STATE ST. STE 256 Professional service _____City SANTA BARBARA Sales tax _____Zone _____ State CALIF. Total _____

Phone No. _____ Discount allowed _____

DATE _____ REFERENCE _____ PAYMENT _____ BALANCE _____

TO A/C- 86988FEB 3/65 BANK OF AMERICA - 86988900 STATE ST. SANTA BARBARAPAIDPAIDPAIDPAIDPAIDPAIDPAIDPAIDPAIDPAIDPAIDPAIDPAIDPAIDPAIDPAIDPAIDPAIDPAID